



DEPARTMENT OF THE ARMY  
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19 MAY 2008

MCCS

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL  
COMMANDS

SUBJECT: Implementing Instructions for Health Affairs Policy 07-022, TRICARE Prime  
Access Standards for Mental Health Care

1. Health Affairs (HA) recently published HA Policy 07-022 which addresses access standards for mental health care. The intent of this policy is to ensure beneficiaries have appropriate access to mental health services by aligning mental health access standards with existing primary care standards. Much of this policy is a reinforcement of existing standards and practices. However, the policy does create some new procedures that require supplemental implementation instructions.

a. The following two areas are new business practices to Medical Treatment Facility (MTF) operations:

(1) Prime beneficiaries may choose initial mental health assessments from either their primary care clinic or mental health clinic. This method of self-referral follows current practices in primary care clinics, but is new to most mental health clinics. Mental health clinics traditionally operate as a specialty referral clinic with limited self-referral capabilities. This policy is a shift in practice that directs mental health clinics to provide more self-referral capabilities. However, mental health clinics may not have the resources to handle all beneficiary categories serviced by primary care clinics. Access to mental health clinics must follow the standards described in HA Policy 06-007. MTFs that are unable to service the beneficiary's mental health needs in either the primary care or mental health clinic will refer the patient to the TRICARE network or other DoD/VA treatment facility, as appropriate.

(2) The policy establishes a 7-day routine standard for new non-urgent behavioral health conditions or exacerbation of a previously diagnosed condition. MTFs will use the CHCS routine (ROUT) appointment type to book beneficiary appointments that meet this definition. This appointment type is typically reserved for primary care clinics. MTFs will now use the routine appointment type in both primary care and mental health clinics to meet this new business practice. The MHS Guide to Access Success provides further details on use of the routine, as well as all other appointment types. The enclosed sections from the MHS Guide outline appropriate instructions for using the routine appointment type.

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b. The following two areas are reinforcement of existing business practices:

(1) Prime beneficiaries will have access to mental health services in an emergent condition, urgent condition, or when referred by the Primary Care Manager. MTFs should follow current business practices when beneficiaries present under one of these three situations.


(2) Active Duty Service Members must still have preauthorization prior to obtaining non-emergent mental healthcare outside the Direct Care System. All other Prime beneficiaries may still use their unmanaged eight mental health visits in the TRICARE network before requiring preauthorization.

2. The Decision Support and Business Operations Division, Office of The Surgeon General, is responsible for developing tools to report compliance with the mental health access standards. Decision Support has already completed development of a methodology. The methodology will include all primary care clinic visits in which the provider assesses the Prime patient with a mental health diagnoses in either the first or second position within the Standard Ambulatory Data Record (SADR). Primary care will include the following MEPRS codes: BA\*\*, BD\*\*, BG\*\*, BH\*\*, BJ\*\*, and BI\*\*. Additionally, the methodology will include the mental health clinic visits with MEPRS codes BF\*\*. A new dashboard metric will be posted on the Decision Support and PASBA websites in order to track compliance with these new mental health standards.

3. Point of contact is LTC William Judd, TRICARE Division, Office of The Surgeon General, [William.Judd@amedd.army.mil](mailto:William.Judd@amedd.army.mil), (703) 681-1203,.

FOR THE SURGEON GENERAL:

Encl

  
WILLIAM H. THRESHER  
Chief of Staff

## MHS Guide to Access Success

The following are excerpts from paragraph 17 and Appendix H of the MHS Guide to Access Success. These sections provide additional description for the application of the mental health access standards.

### 17. Management of Mental Health Access.

17.1. The management of mental health access will be IAW Health Affairs Policy 07-022, TRICARE Prime Access Standards for Mental Health Care, dated 9 October 2007.

17.2. MTFs will establish processes to ensure that initial requests for emergent care will be provided on an immediate basis, as dictated by the threat.

17.3. Urgent mental healthcare will be provided within 24 hours or less.

17.4. Routine mental healthcare is defined as an initial request for a new mental health condition or exacerbation of a previously diagnosed condition for which intervention is required but is not urgent.

17.4.1. Routine mental healthcare will be provided within one week/7 calendar days of the patient's request. Beneficiaries will retain the option of deferring this routine mental health assessment past this 7-day standard.

17.4.2. Appointing staffs need to be aware that these routine mental healthcare requests need to be appointed within 7 days from the patient's request, and can be appointed to the patient's Primary Care, Behavioral Health, or Mental Health Clinics.

17.4.3. Mental Health Clinics should use the ROUT or ROUT\$ appointment type in their templates and schedules and use the Routine ATC Category to book these initial mental health self-referral requests.

17.5. Specialty care mental health referrals will be managed IAW current Service and MHS referral management policy and guidance.

17.6. Active Duty Service Members must still have preauthorization prior to obtaining non-emergent mental healthcare outside the Direct Care System. All other Prime beneficiaries may still use their unmanaged eight mental health visits in the TRICARE network before obtaining preauthorization.

## Appendix H

### 2. ROUT (Routine Appointment):

2.1. Definition: The ROUT appointment type is designated for patients who require an office visit with their PCM or mental health provider for a new healthcare problem that is not considered urgent. Routine mental healthcare is defined as an initial request for a new mental health condition or exacerbation of a previously diagnosed condition for which intervention is required but is not urgent.

2.2. In the case of healthcare that is not characterized as mental health, appropriate clinical personnel can offer other appropriate alternatives for care, such as self-care. In locations where Nurse Triage is not in place, the concept of "prudent lay-person terminology" will be used to determine whether a patient should be given a routine or acute appointment. Appointing staffs need to be aware that these routine mental healthcare requests need to be appointed within 7 days, and can be appointed to the patient's Primary Care, Behavioral Health, or Mental Health Clinics.

2.3. Where used: Only in primary care and mental health clinics.

2.4. ATC Category and Standard: Appointing agents will use the Routine ATC Category or information system search function to book ROUT appointments. To meet the Routine ATC Standard, the appointment needs to be booked within 7 days or 10,080 minutes from the patient's request.

2.5. Scenario 1: Mrs. Jones has been experiencing a pain in her shoulder joint area for a couple of days and decides to call the 1-800 MTF Appointment Line to schedule a visit with her provider. The appointment clerk, in accordance with local guidelines or scripts, determines the patient's needs and reaches the decision point to transfer Mrs. Jones' call to the Triage Nurse. The Triage Nurse, using approved protocols, rules out self-care and determines that an acute appointment is not necessary, but that a routine (ROUT) appointment should be scheduled with her provider within 7 days. Using the Order of Search Precedence for Appointments Business Rule, the Triage Nurse books the appointment and gives the patient appropriate instruction.

2.6. Scenario 2: Sergeant Jones, recently redeployed from a combat area, is experiencing first time problems with sleeping, and is feeling anxious. He does not need to see someone immediately. He calls the Mental Health Clinic to ask for an appointment. The mental health technician determines that Sergeant Jones has an initial request for a new mental health condition for which intervention is required but is not urgent. The technician books Sergeant Jones into a routine (ROUT) appointment with a mental health professional within 7 days.